

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>J</i>		<i>01/632</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>59</i>	<i>8/7/01</i>
<b>FORMALITY REVIEW</b>	<i>H.T.</i>	<i>1117</i>	<i>8/31/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			



## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
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